



THE COMMONWEALTH OF MASSACHUSETTS
TRAVEL AUTHORIZATION FORM (Form TAF)

Shaded areas must be completed if travel is subsidized by a private party, per 801 CMR 7.00

1. Date of Request: March 1, 2011	2. Travel Request #:	3. Department/Division: DPH		4. DEPT/ORGN: 0294	5. Appropriation No.: 8100-9749-
6. Name of Traveler(s): Michael Lawler		7. Title(s): Chemist III (Unit 9)	8. Dates of Travel: June 5, 2011 - June 12, 2011		8.a Destination: Sterling, VA
9. Travel Itinerary and Justification (If travel is privately subsidized, statement of purpose must include anticipated benefit to the Commonwealth and Employee): Mr Lawler will be traveling to Sterling, VA, June 5 through June 10, to attend a mandatory training seminar for forensic scientists involved in the analysis of controlled substances conducted by the Special Testing Laboratory of the Drug Enforcement Agency (DEA). The purpose of this seminar is to enhance Mr Lawler's skill as a forensic scientist. The 5 day training will include knowledge about analyzing different controlled substances, chemistry related to the analysis of controlled substances. Mr Lawler will stay in Virginia for additional 2 days at his own expense.					
<input checked="" type="checkbox"/> Supporting documentation, i.e. agendas or brochures, is attached. Signature of Bureau Director/Assistant Commissioner/Hospital Director: Linda Han Date: <u>3-11-11</u>					
10. Estimated Expenses:		Private Funds	State/Federal Funds	Personal Funds	Other Funds
Transportation: (check all that apply) <input checked="" type="checkbox"/> Air <input type="checkbox"/> Rail <input type="checkbox"/> Bus <input checked="" type="checkbox"/> Taxi Car: <input type="checkbox"/> State <input type="checkbox"/> Personal <input type="checkbox"/> Rental			376.29 50.00 18.62	✓ ✓	
Lodging:			885.50	✓	
Meals: <i>5 Days @ 17.50 1 Diner @ 8.50</i>			96.00	✓	
Other: (please list): Parking/Registration Fee					
Sub Total(s)			1426.41		
		Grand Total	1426.41		

11. Include names of all other travelers (including family, friends or coworkers) and how they will pay. In addition, if the travel consists of a non-business component, please describe: <i>Mr Lawler will stay in Virginia for additional 2 days at no cost to the Commonwealth and on his own time.</i> Peter Piro and Rebecca Pontes	
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12. Privately Subsidized Travel Information:		Not Applicable <input type="checkbox"/>
Name of Contact Person:	Describe all activities offered and intent to participate:	
Company:		
Address:		
Business Activity:		
Telephone Number:	Relationship Between Private Party and the Commonwealth:	

13. Certifications and Authorizations					
I hereby certify under the pains and penalties of perjury that, to the best of my knowledge, the above information is true and correct.					
Signature of Traveler:		Date: <u>3/11/11</u>			
Michael Lawler					
I hereby certify that sufficient funds are available for the above described travel accommodations. <input type="checkbox"/> Delegation from Secretary granted.					
Signature of Department Head or Designee:		Title: <i>CJS</i>		Date: <u>4/4/11</u>	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		<input type="checkbox"/> Approved With Modifications		<input type="checkbox"/> Comments Attached	

Signature of Cabinet Secretary:		Date:			
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1. Date of Request: 3/1/11	2. Travel Request #:	3. Department/Division: DPH	4. DEPT/ORGN: 0294	5. Appropriation No.: 8100-9749 ✓
6. Name of Traveler(s): Rebecca Pontes		7. Title(s): Chemist II (unit 9)	8. Dates of Travel: June 5 2011 - June 10, 2011 ✓	8.a Destination: Sterling, VA ✓
9. Travel Itinerary and Justification (If travel is privately subsidized, statement of purpose must include anticipated benefit to the Commonwealth and Employee): Mrs. Pontes will be traveling to Sterling, VA June 5, 2011 through June 10, 2011 to attend a mandatory training seminar for forensic scientists involved in the analysis of controlled substances conducted by the special testing Laboratory of the Drug enforcement Agency (DEA). The purpose of this seminar is the enhance Mrs. Pontes' skill as a forensic scientist. The 5 day training will include knowledge about analyzing different controlled substances, chemistry related to the analysis of controlled substances.				
<input type="checkbox"/> Supporting documentation, i.e. agendas or brochures, is attached. Signature of Bureau Director/Assistant Commissioner/Hospital Director: Linda Han Date: 3-11-11				

10. Estimated Expenses:	Private Funds	State/Federal Funds	Personal Funds	Other Funds
Transportation: (check all that apply) <input checked="" type="checkbox"/> Air <input type="checkbox"/> Rail <input type="checkbox"/> Bus <input checked="" type="checkbox"/> Taxi Car: <input type="checkbox"/> State <input checked="" type="checkbox"/> Personal <input type="checkbox"/> Rental		\$333.40 \$90 1708	✓ ✓	
Lodging:		\$885.50	✓	
Meals: 5 days @ 17.50 1 dinner @ 8.50		\$96.00	✓	
Other: (please list): Registration Fee				
Sub Total(s)		\$1422.18		
	Grand Total			\$1422.18

11. Include names of all other travelers (including family, friends or coworkers) and how they will pay. In addition, if the travel consists of a non-business component, please describe:

Eileen Lafleur - family, Albert Lafleur - family, Emily Pontes - family. All family members traveling with me will be paying for their expenses privately and separately. Michael Lawler, Peter Piro

12. Privately Subsidized Travel Information:

Not Applicable

Name of Contact Person:	Describe all activities offered and intent to participate:
Company:	
Address:	
Business Activity:	
Telephone Number:	Relationship Between Private Party and the Commonwealth:

13. Certifications and Authorizations

I hereby certify under the pains and penalties of perjury that, to the best of my knowledge, the above information is true and correct.

Signature of Traveler:

Rebecca Pontes 

Date:

3/12/11 ✓

I hereby certify that sufficient funds are available for the above described travel accommodations. Delegation from Secretary granted.

Signature of Department Head or Designee:

Title:

OAS 4/4/11

Date:

 Approved Disapproved Approved With Modifications Comments Attached



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Shaded areas must be completed if travel is subsidized by a private party, per 801 CMR 7.00

1. Date of Request: March 1, 2011	2. Travel Request #:	3. Department/Division: DPH	4. DEPT/ORGN: 0294	5. Appropriation No.: 8100-9749-L
6. Name of Traveler(s): Peter Piro		7. Title(s): Lab Supervisor (Unit 9)	8. Dates of Travel: June 5, 2011-June 10	8.a Destination Sterling, VA
9. Travel Itinerary and Justification (If travel is privately subsidized, statement of purpose must include anticipated benefit to the Commonwealth and Employee): Mr Piro will be traveling to Sterling, VA, June 5 through June 10, 2011 to attend a mandatory training seminar for forensic scientists involved in the analysis of controlled substances conducted by the Special Testing Laboratory of the Drug Enforcement Agency (DEA). The purpose of this seminar is to enhance Mr Piro's skill as a forensic scientist. The 5 day training will include knowledge about analyzing different controlled substances, chemistry related to the analysis of controlled substances.				
<input type="checkbox"/> Supporting documentation, i.e. agendas or brochures, is attached. Signature of Bureau Director/Assistant Commissioner/Hospital Director: <i>Lindahan</i>				
Date: <i>3/11/11</i>				

10. Estimated Expenses:		Private Funds	State/Federal Funds	Personal Funds	Other Funds
Transportation: (check all that apply) <input checked="" type="checkbox"/> Air <input type="checkbox"/> Rail <input checked="" type="checkbox"/> Bus <input checked="" type="checkbox"/> Taxi Car: <input type="checkbox"/> State <input type="checkbox"/> Personal <input type="checkbox"/> Rental			\$400.10 \$50.00 \$22 7.76	✓ ✓	
Lodging:			885.50		
Meals: <i>5 days @ 17.50</i> <i>1 dinner @ 8.50</i>			96.00	✓	
Other: (please list): Parking/Registration Fee			\$66.00	✓	
Sub Total(s)			1527.36		
		Grand Total	1527.36		

11. Include names of all other travelers (including family, friends or coworkers) and how they will pay. In addition, if the travel consists of a non-business component, please describe: Michael Lawler and Rebecca Pontes
<i>Michael Lawler, Rebecca Pontes</i>

12. Privately Subsidized Travel Information:	Not Applicable <input type="checkbox"/>
Name of Contact Person:	Describe all activities offered and intent to participate:
Company:	
Address:	
Business Activity:	
Telephone Number:	Relationship Between Private Party and the Commonwealth:

13. Certifications and Authorizations	
I hereby certify under the pains and penalties of perjury that, to the best of my knowledge, the above information is true and correct.	
Signature of Traveler: <i>Peter Piro</i>	Date: <i>3-7-11</i>
I hereby certify that sufficient funds are available for the above described travel accommodations. <input type="checkbox"/> Delegation from Secretary granted.	
Signature of Department Head or Designee: <i>COS</i>	Title: COS Date: <i>4/4/11</i>
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
<input type="checkbox"/> Approved With Modifications	<input type="checkbox"/> Comments Attached
Signature of Cabinet Secretary:	
Date:	